

Form B-1 UNIFORM APPLICATION FOR Gency REGISTRATION AND IDENTIFICATION OF VEHICLES OR DRIVEAWAY OPERATIONS EXEMPT FROM REGULATION BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)

TO: California Department of Motor Vehicles SSRS Section, MS G875 P. O. Box 932370 Sacramento, CA 94232-3700

(916) 657-6636	3				
☐ Check if information	on entered reflects any changes or corr	ections.			
MOTOR CARRIER ID	ENTIFICATION NUMBERS				
DATE		EX#			
CA # (IF APPLICABLE)		MC # (IF APPLICABLE)			
APPLICATION					
APPLICANT					
STREET (PHYSICAL ADDRESS)		MAILING ADDRESS			
CITY	STATE ZIP	CITY		STATE	ZIP
TYPE OF REGISTRA	TION				
operated is The vehicle or vehicles borders of the State, as Sec. 13503 Sec. 13505(a) Sec. 13505(b) Sec. 13506(a)(1) Sec. 13506(a)(2) Sec. 13506(a)(3) Sec. 13506(a)(4) Sec. 13506(a)(5)	away operations shall be in accordant with the applicant intends to operate are exempt from regulation by the FMC (Terminal Area Exemption) (Primary Business Exemption) (Compensated Intercorporate Hauling) (School Bus Exemption) (Taxicab Exemption) (Hotel Exemption) (Farm Exemption) (Farm Cooperative Exemption) (Commodities Exemption) (Newspaper Exemption)	or driveaway operation	(Air Transp (National F (Commute (Pallet Exe (Wood Chi (Crushed C (Municipal (Occasiona (Emergeno	ntends to conduct ked below: Park Exemption) Exemption) emption) e Rock Exemption p Exemption) Glass Exemption) Exemption) al Exemption)	t, within the
The applicant shall not pursuant to this applic	t knowingly permit any other person or cation.	organization to use the i	dentificatior	n number issued a	assigned to
CERTIFICATION					
	y of perjury under the laws of the State	e of California that the	information	I have provided	is true and
SIGNATURE		TITLE		AREA CODE AND TELEP	HONE NUMBER